

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011029

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 40

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0310

2 0310

3

4 0

5 0

6

7 0

8 0

9 420.1

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 25 1963

1. PLACE OF DEATH

a. COUNTY

DAVISS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

JAMESPORT

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

6 1/2 mi. N.W. JAMESPORT

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

DAVISS

c. CITY

OR TOWN

JAMESPORT

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R.F.D.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

CASPER

First

J.

Last

BEAR

4. DATE OF DEATH

Month

MAR

Day

15

Year

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/1/1888

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

DAVISS CO. MO

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

Sylvester BEAR

13b. MOTHER'S MAIDEN NAME

JANE JONES

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Virley N. BEAR JAMESPORT, MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary Artery Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to March 15 63 and last saw him alive on Feb 10 1963
Death occurred at 6: A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

MAR. 19, 1963

23c. NAME OF CEMETERY OR CREMATORY

Pillars Grove Naz Cemetery

23d. LOCATION (City, town, or county)

R.F.D. JAMESPORT, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J. Gordon Blackmore Trenton, Mo.

25. DATE RECD. BY LOCAL REG.

22 March 1963

26. REGISTRAR'S SIGNATURE

Regina Engelhart

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit Rel. 3-22-63 (22)
27 A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Claude H. Crandall

Licensed Embalmer No. 4986

P. O. Address Sumter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.